

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026630

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District 317 Primary Registration District No. 500 Registrar's No. 1791 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AFITON		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10822 ATTERBURY		d. STREET ADDRESS (If outside, give location) 4611 Holly Hills Ave.	
3. NAME OF DECEASED (Type or print) First HUBERT Middle J. Last FRANKLIN		4. DATE OF DEATH Month JUNE , Day 3 , Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN, RETIRED		10b. KIND OF BUSINESS OR INDUSTRY LIGGETT MEYERS CO.	9. AGE (last birthday) 67 years
13a. FATHER'S NAME HENRY FRANKLIN		13b. MOTHER'S MAIDEN NAME ALICE LOVE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT PRENTICE G. FRANKLIN, 4277 Chippewa St.		14. NAME OF HUSBAND OR WIFE CALLIE FRANKLIN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable coronary		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:00 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY ST. LOUIS STATE MO.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at approx. 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clayton</i> (Degree or title) Coroner Clayton, Missouri		22b. ADDRESS ST. LOUIS CO. MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE June 6, 1963	
23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS CO. MO.	
24. FUNERAL DIRECTOR WITT MORTUARY, 6409 GRAVOIS AVE.		25. DATE RECD. BY LOCAL REG. 6-5-63	
26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>		22c. DATE SIGNED 6/8/63	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Director

Birth record of child D.P. Franklin born St. L. DOCUMENT No. 6/19/1922 age at that time 25 yrs

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

6/24/63

9/5/1895

9/4/1896

6/24/63

67

66

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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91.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. J. Remelius

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.